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PPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/977,254	10/16/2001	Geoffrey Alan Ozin	13786	2248
293	7590 02/06/2006		EXAMINER	
Ralph A. Dowell of DOWELL & DOWELL P.C.			CHEVALIER, ALICIA ANN	
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Suite 406			ART UNIT	PAPER NUMBER
Alexandria, V	/A 22314	22314		
			DATE MAIL ED: 02/06/2004	6

Please find below and/or attached an Office communication concerning this application or proceeding.

Response to Rule 312 Communication		Application No.	Applicant(s)				
		09/977,254	OZIN ET AL.				
		Examiner	Art Unit				
		Alicia Chevalier	1772				
	The MAILING DATE of this communication ap	opears on the cover sheet with the	correspondence ac	ddress –			
 1. \[\begin{align*} \begin{align*}							
b) 🗌	entered as directed to matters of form not affecting	the scope of the invention.					
c) 🗌	disapproved because the amendment was filed after the payment of the issue fee. Any amendment filed after the date the issue fee is paid must be accompanied by a petition under 37 CFR 1.313(c)(1) and the required fee to withdraw the application from issue.						
d) 🗌	disapproved. See explanation below.						
e) 🗌	entered in part. See explanation below.						
	ALICIA CHEVALIER PRIMARY EXAMINER 12/8/05						

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		Examiner	Art Unit					
		Alicia Chevalier	1772					
The MAILING DATE of this communication appears on the cover sheet with the correspondence address –								
. ☑ The amendment filed on <u>29 September 2005</u> under 37 CFR 1.312 has been considered, and has been: a) ☑ entered.								
b) 🗌	b) entered as directed to matters of form not affecting the scope of the invention.							
c) disapproved because the amendment was filed after the payment of the issue fee. Any amendment filed after the date the issue fee is paid must be accompanied by a petition under 37 CFR 1.313(c)(1) and the required fee to withdraw the application from issue.								
d) 🗌	d) disapproved. See explanation below.							
e) entered in part. See explanation below.								
ALICIA CHEVALIER PRIMARY EXAMINER								
12/8/03								